

DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LASER MACHINING APPARATUS AND LASER MACHINING METHOD

the specification of which (check one below):

- ☐ () is attached hereto.
- ☐ () was filed on ___ as Application Serial No. ___ or Express Mail No. ___, and was amended on ___ (if applicable).
- ☒ (✓) was filed on November 10, 2004 as PCT International Application No. PCT/EP2004/012723, and as amended under PCT Article 19 on ___ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed?

<u>103 52 402.9</u> (Number)	<u>Germany</u> (Country)	<u>10/11/2003</u> Day/Month/Year Filed	<input checked="" type="checkbox"/> Yes () No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> Day/Month/Year Filed	() Yes () No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> Day/Month/Year Filed	() Yes () No

I hereby claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u> </u> (Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status: Patented, Pending, or Abandoned)
<u> </u> (Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status: Patented, Pending, or Abandoned)
<u> </u> (Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status: Patented, Pending, or Abandoned)

I hereby appoint the practitioners associated with the customer number 26,875, as my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

David H. Brinkman

Address of customer number 26,875
Telephone (513) 241-2324

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature _____ Date _____

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